Standard Form 52 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

## **REQUEST FOR PERSONNEL ACTION**

PART A	4 Req	uesting Offi	Ce (Also co	omplete	Part B, It	ems 1, 7-22, 3	2, 33, 36 a	nd 39.)							
1. Actions I	Requested							2. Reque	2. Request Number						
3. For Addi	tional Inform	nation Call (Nam	e and Telephor	ne Number	r)			4. Propos	sed Effective Date						
5. Action Requested By (Typed Name, Title, Signature, and Request Date)								uthorized By	y (Typed Nam	ne, Title, Signa	ature, and Concurre	ence Date)			
PART B For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)															
1. Name (L	ast, First, M	liddle)				2. Social S	th 4. Effecti	ve Date							
FIRST A	ACTION					SECOND ACTION									
5-A Code	5-B Nature	e of Action					6-A Code	6-B Nature	e of Action						
5-C Code	5-D Nature	e of Action	Action						6-C Code 6-D Nature of Action						
5-E Code	5-F Nature	of Action					6-E Code	6-F Nature	- Nature of Action						
7. FROM:	Position	Title and Num	nber				15. TO:	Position T	itle and Nun	nber					
8. Pay Plan 9.	Occ. Code 10	). Grade or Level 11. S	Step or Rate 12.	Total Salary		13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Leve	19. Step or Rate	te 20. Total Salary/Award	21. Pay Basis			
12A. Basic P	ay	12B. Locality Adj.	12C. Adj.	Basic Pay	12D. (	Other Pay	20A. Basic F	Pay	20B. Locality Ad	j. 20C	. Adj. Basic Pay	20D. Other Pay			
14 Namo s	and Location	n of Position's Org	vanization				22. Name and Location of Position's Organization								
Ti. Hamo c	and Loodilo		jumzuuon				ZZ. Namo	and Education	TOTT COMOTTO	Organization					
	YEE DA														
23. Veteran	1 - None	3 - 10-Poin	t/Disability		10-Point/Oth		24. Tenure	0 - None	2 - Conditional	25. Agency	y Use 26. Veteran	s Preference for RIF			
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%  27. FEGLI								ant Indicator	3 - Indefinite			te Determinant			
30. Retirement Plan  31. Service Comp. Date (Leave)							32. Work 8	Schedule			33. Part Ti	me Hours Per Biweekly			
POSITI	ON DAT	ΓΔ					1					Pay Period			
34. Position	Occupied		050 0	3	5. FLSA Ca		36. Approp	oriation Code	<b>;</b>		37. Barga	ining Unit Status			
00 D I 01	2 - Excepte	tive Service 3 - 3 d Service 4 - 3	SES General SES Career Rese		N	- Exempt - Nonexempt			(' )						
38. Duty Sta	ation Code			38	9. Duty Sta	tion (City Coul	nty State o	r Overseas I	Location)						
40. Agency	Data	41.		42.		43.		44.							
45. Educati	ional Level	46.Year Deg	gree Attained	47. Acade	emic Disciplii	ne 48. Function	nal Class	49. Citize	nship	50. Veterar	ns Status 51. Su	pervisory Status			
								1 - US	A 8 - Other						
	C - Revie ce/Function	ews and Ap	provals (N Initials/Signa		used b	y requesting Date	_	e/Function		Initials/Sig	noturo	Data			
	ce/Function		irillais/Sigria	iture		Date		e/Function		เทเนสเร/5เฐ	gnature	Date			
<b>A</b> .							D.								
B.							E.								
C.							F.								
2. Approval: proposed acti	I certify that the	ne information entere	ed on this form is a and regulatory re	accurate an	d that the		Signature		'			Approval Date			

(Note t	o Super						isons for the eate sheet and		e's resignation/re SF 52.)	tirement?		YES	NO	
PAR1	ГЕ Е	imployee F	Resignatio	n/Reti	rement									
							Privacy Act	Stateme	nt					
forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to								termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.						
This information is requested under authority of sections 301, 3301, and 8506 of title 5,								The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.						
		esignation/Retir							mployment benefit wise.)	s. Please be spe	cific and a	void generalizatio	ns.	
2. Effect	ive Date	3. Your Sign	ature			4. [	ate Signed	5. Forw	arding Address <i>(N</i>	lumber, Street, C	ity, State, .	ZIP Code)		
PART	F R	emarks fo	r SF 50											
		(1	Enter Remark	Code a	nd, when	applio	cable, the vari		rmation or entire					
								- come.	Identical Additio	·		New		
									Vice		ı	Regraded		
								Qualification Standard:						
								ANNOUNCE No Yes W/Promotion  Reassign W/Promotion						
CAREER PROMOTION No Street No. 1 No No. 1										res Dichar	,			
R									Recruitment Information					
								Sourc	e Authority	Days Req'd	l 	NASA Spec	c. ID	
Skill	GRP	Prom. Type	GRD Pot.	SVC	TOA	D/C	Prob./Trial E	Begin Se	rvice Toward - B	egin		Trng.Progam	Date Entered	
							 		Career Ta	per VRA	Comp.			
Thin n	:4:	is designa	tad for filin	~ Finar	oial late		Ctotomoni	·  \	lo Yes					